

ESHB 2876 - S AMD 358
By Senator Keiser

1 Strike everything after the enacting clause and insert the
2 following:

3 "NEW SECTION. **Sec. 1.** A new section is added to chapter 18.22 RCW
4 to read as follows:

5 (1) By June 30, 2011, the board shall repeal its rules on pain
6 management, WAC 246-922-510 through 246-922-540.

7 (2) By June 30, 2011, the board shall adopt new rules on chronic,
8 noncancer pain management that contain the following elements:

9 (a)(i) Dosing criteria, including:

10 (A) A dosage amount that must not be exceeded unless a podiatric
11 physician and surgeon first consults with a practitioner specializing
12 in pain management; and

13 (B) Exigent or special circumstances under which the dosage amount
14 may be exceeded without consultation with a practitioner specializing
15 in pain management.

16 (ii) The rules regarding consultation with a practitioner
17 specializing in pain management must, to the extent practicable, take
18 into account:

19 (A) Circumstances under which repeated consultations would not be
20 necessary or appropriate for a patient undergoing a stable, ongoing
21 course of treatment for pain management;

22 (B) Minimum training and experience that is sufficient to exempt a
23 podiatric physician and surgeon from the specialty consultation
24 requirement;

25 (C) Methods for enhancing the availability of consultations;

26 (D) Allowing the efficient use of resources; and

27 (E) Minimizing the burden on practitioners and patients.

28 (b) Guidance on when to seek specialty consultation and ways in
29 which electronic specialty consultations may be sought;

1 (c) Guidance on tracking clinical progress by using assessment
2 tools focusing on pain interference, physical function, and overall
3 risk for poor outcome; and

4 (d) Guidance on tracking the use of opioids.

5 (3) The board shall consult with the agency medical directors'
6 group, the department of health, the University of Washington, and the
7 largest professional association of podiatric physicians and surgeons
8 in the state.

9 (4) The rules adopted under this section do not apply:

10 (a) To the provision of palliative, hospice, or other end-of-life
11 care; or

12 (b) To the management of acute pain caused by an injury or a
13 surgical procedure.

14 NEW SECTION. Sec. 2. A new section is added to chapter 18.32 RCW
15 to read as follows:

16 (1) By June 30, 2011, the commission shall adopt new rules on
17 chronic, noncancer pain management that contain the following elements:

18 (a)(i) Dosing criteria, including:

19 (A) A dosage amount that must not be exceeded unless a dentist
20 first consults with a practitioner specializing in pain management; and

21 (B) Exigent or special circumstances under which the dosage amount
22 may be exceeded without consultation with a practitioner specializing
23 in pain management.

24 (ii) The rules regarding consultation with a practitioner
25 specializing in pain management must, to the extent practicable, take
26 into account:

27 (A) Circumstances under which repeated consultations would not be
28 necessary or appropriate for a patient undergoing a stable, ongoing
29 course of treatment for pain management;

30 (B) Minimum training and experience that is sufficient to exempt a
31 dentist from the specialty consultation requirement;

32 (C) Methods for enhancing the availability of consultations;

33 (D) Allowing the efficient use of resources; and

34 (E) Minimizing the burden on practitioners and patients.

35 (b) Guidance on when to seek specialty consultation and ways in
36 which electronic specialty consultations may be sought;

1 (c) Guidance on tracking clinical progress by using assessment
2 tools focusing on pain interference, physical function, and overall
3 risk for poor outcome; and

4 (d) Guidance on tracking the use of opioids.

5 (2) The commission shall consult with the agency medical directors'
6 group, the department of health, the University of Washington, and the
7 largest professional association of dentists in the state.

8 (3) The rules adopted under this section do not apply:

9 (a) To the provision of palliative, hospice, or other end-of-life
10 care; or

11 (b) To the management of acute pain caused by an injury or a
12 surgical procedure.

13 NEW SECTION. **Sec. 3.** A new section is added to chapter 18.57 RCW
14 to read as follows:

15 (1) By June 30, 2011, the board shall repeal its rules on pain
16 management, WAC 246-853-510 through 246-853-540.

17 (2) By June 30, 2011, the board shall adopt new rules on chronic,
18 noncancer pain management that contain the following elements:

19 (a)(i) Dosing criteria, including:

20 (A) A dosage amount that must not be exceeded unless an osteopathic
21 physician and surgeon first consults with a practitioner specializing
22 in pain management; and

23 (B) Exigent or special circumstances under which the dosage amount
24 may be exceeded without consultation with a practitioner specializing
25 in pain management.

26 (ii) The rules regarding consultation with a practitioner
27 specializing in pain management must, to the extent practicable, take
28 into account:

29 (A) Circumstances under which repeated consultations would not be
30 necessary or appropriate for a patient undergoing a stable, ongoing
31 course of treatment for pain management;

32 (B) Minimum training and experience that is sufficient to exempt an
33 osteopathic physician and surgeon from the specialty consultation
34 requirement;

35 (C) Methods for enhancing the availability of consultations;

36 (D) Allowing the efficient use of resources; and

37 (E) Minimizing the burden on practitioners and patients.

(b) Guidance on when to seek specialty consultation and ways in which electronic specialty consultations may be sought;

(c) Guidance on tracking clinical progress by using assessment tools focusing on pain interference, physical function, and overall risk for poor outcome; and

(d) Guidance on tracking the use of opioids, particularly in the emergency department.

(3) The board shall consult with the agency medical directors' group, the department of health, the University of Washington, and the largest association of osteopathic physicians and surgeons in the state.

(4) The rules adopted under this section do not apply:

(a) To the provision of palliative, hospice, or other end-of-life care; or

(b) To the management of acute pain caused by an injury or a surgical procedure.

NEW SECTION. **Sec. 4.** A new section is added to chapter 18.57A RCW to read as follows:

(1) By June 30, 2011, the board shall repeal its rules on pain management, WAC 246-854-120 through 246-854-150.

(2) By June 30, 2011, the board shall adopt new rules on chronic, noncancer pain management that contain the following elements:

(a)(i) Dosing criteria, including:

(A) A dosage amount that must not be exceeded unless an osteopathic physician's assistant first consults with a practitioner specializing in pain management; and

(B) Exigent or special circumstances under which the dosage amount may be exceeded without consultation with a practitioner specializing in pain management.

(ii) The rules regarding consultation with a practitioner specializing in pain management must, to the extent practicable, take into account:

(A) Circumstances under which repeated consultations would not be necessary or appropriate for a patient undergoing a stable, ongoing course of treatment for pain management;

(B) Minimum training and experience that is sufficient to exempt an

1 osteopathic physician's assistant from the specialty consultation
2 requirement;

3 (C) Methods for enhancing the availability of consultations;

4 (D) Allowing the efficient use of resources; and

5 (E) Minimizing the burden on practitioners and patients.

6 (b) Guidance on when to seek specialty consultation and ways in
7 which electronic specialty consultations may be sought;

8 (c) Guidance on tracking clinical progress by using assessment
9 tools focusing on pain interference, physical function, and overall
10 risk for poor outcome; and

11 (d) Guidance on tracking the use of opioids, particularly in the
12 emergency department.

13 (3) The board shall consult with the agency medical directors'
14 group, the department of health, the University of Washington, and the
15 largest association of osteopathic physician's assistants in the state.

16 (4) The rules adopted under this section do not apply:

17 (a) To the provision of palliative, hospice, or other end-of-life
18 care; or

19 (b) To the management of acute pain caused by an injury or a
20 surgical procedure.

21 NEW SECTION. **Sec. 5.** A new section is added to chapter 18.71 RCW
22 to read as follows:

23 (1) By June 30, 2011, the commission shall repeal its rules on pain
24 management, WAC 246-919-800 through 246-919-830.

25 (2) By June 30, 2011, the commission shall adopt new rules on
26 chronic, noncancer pain management that contain the following elements:

27 (a)(i) Dosing criteria, including:

28 (A) A dosage amount that must not be exceeded unless a physician
29 first consults with a practitioner specializing in pain management; and

30 (B) Exigent or special circumstances under which the dosage amount
31 may be exceeded without consultation with a practitioner specializing
32 in pain management.

33 (ii) The rules regarding consultation with a practitioner
34 specializing in pain management must, to the extent practicable, take
35 into account:

36 (A) Circumstances under which repeated consultations would not be

1 necessary or appropriate for a patient undergoing a stable, ongoing
2 course of treatment for pain management;

3 (B) Minimum training and experience that is sufficient to exempt a
4 physician from the specialty consultation requirement;

5 (C) Methods for enhancing the availability of consultations;

6 (D) Allowing the efficient use of resources; and

7 (E) Minimizing the burden on practitioners and patients.

8 (b) Guidance on when to seek specialty consultation and ways in
9 which electronic specialty consultations may be sought;

10 (c) Guidance on tracking clinical progress by using assessment
11 tools focusing on pain interference, physical function, and overall
12 risk for poor outcome; and

13 (d) Guidance on tracking the use of opioids, particularly in the
14 emergency department.

15 (3) The commission shall consult with the agency medical directors'
16 group, the department of health, the University of Washington, and the
17 largest professional association of physicians in the state.

18 (4) The rules adopted under this section do not apply:

19 (a) To the provision of palliative, hospice, or other end-of-life
20 care; or

21 (b) To the management of acute pain caused by an injury or a
22 surgical procedure.

23 NEW SECTION. **Sec. 6.** A new section is added to chapter 18.71A RCW
24 to read as follows:

25 (1) By June 30, 2011, the commission shall adopt new rules on
26 chronic, noncancer pain management that contain the following elements:

27 (a)(i) Dosing criteria, including:

28 (A) A dosage amount that must not be exceeded unless a physician
29 assistant first consults with a practitioner specializing in pain
30 management; and

31 (B) Exigent or special circumstances under which the dosage amount
32 may be exceeded without consultation with a practitioner specializing
33 in pain management.

34 (ii) The rules regarding consultation with a practitioner
35 specializing in pain management must, to the extent practicable, take
36 into account:

1 (A) Circumstances under which repeated consultations would not be
2 necessary or appropriate for a patient undergoing a stable, ongoing
3 course of treatment for pain management;

4 (B) Minimum training and experience that is sufficient to exempt a
5 physician assistant from the specialty consultation requirement;

6 (C) Methods for enhancing the availability of consultations;

7 (D) Allowing the efficient use of resources; and

8 (E) Minimizing the burden on practitioners and patients.

9 (b) Guidance on when to seek specialty consultation and ways in
10 which electronic specialty consultations may be sought;

11 (c) Guidance on tracking clinical progress by using assessment
12 tools focusing on pain interference, physical function, and overall
13 risk for poor outcome; and

14 (d) Guidance on tracking the use of opioids, particularly in the
15 emergency department.

16 (2) The commission shall consult with the agency medical directors'
17 group, the department of health, the University of Washington, and the
18 largest professional association of physician assistants in the state.

19 (3) The rules adopted under this section do not apply:

20 (a) To the provision of palliative, hospice, or other end-of-life
21 care; or

22 (b) To the management of acute pain caused by an injury or a
23 surgical procedure.

24 NEW SECTION. **Sec. 7.** A new section is added to chapter 18.79 RCW
25 to read as follows:

26 (1) By June 30, 2011, the commission shall adopt new rules on
27 chronic, noncancer pain management that contain the following elements:

28 (a)(i) Dosing criteria, including:

29 (A) A dosage amount that must not be exceeded unless an advanced
30 registered nurse practitioner or certified registered nurse anesthetist
31 first consults with a practitioner specializing in pain management; and
32 (B) Exigent or special circumstances under which the dosage amount
33 may be exceeded without consultation with a practitioner specializing
34 in pain management.

35 (ii) The rules regarding consultation with a practitioner
36 specializing in pain management must, to the extent practicable, take
37 into account:

1 (A) Circumstances under which repeated consultations would not be
2 necessary or appropriate for a patient undergoing a stable, ongoing
3 course of treatment for pain management;

4 (B) Minimum training and experience that is sufficient to exempt an
5 advanced registered nurse practitioner or certified registered nurse
6 anesthetist from the specialty consultation requirement;

7 (C) Methods for enhancing the availability of consultations;

8 (D) Allowing the efficient use of resources; and

9 (E) Minimizing the burden on practitioners and patients.

10 (b) Guidance on when to seek specialty consultation and ways in
11 which electronic specialty consultations may be sought;

12 (c) Guidance on tracking clinical progress by using assessment
13 tools focusing on pain interference, physical function, and overall
14 risk for poor outcome; and

15 (d) Guidance on tracking the use of opioids, particularly in the
16 emergency department.

17 (2) The commission shall consult with the agency medical directors'
18 group, the department of health, the University of Washington, and the
19 largest professional associations for advanced registered nurse
20 practitioners and certified registered nurse anesthetists in the state.

21 (3) The rules adopted under this section do not apply:

22 (a) To the provision of palliative, hospice, or other end-of-life
23 care; or

24 (b) To the management of acute pain caused by an injury or a
25 surgical procedure.

26 NEW SECTION. Sec. 8. (1) The boards and commissions required to
27 adopt rules on pain management under sections 1 through 7 of this act
28 shall work collaboratively to ensure that the rules are as uniform as
29 practicable.

30 (2) On January 11, 2011, each of the boards and commissions
31 required to adopt rules on pain management under sections 1 through 7
32 of this act shall submit the proposed rules required by this act to the
33 appropriate committees of the legislature."

1 On page 1, line 1 of the title, after "management;" strike the
2 remainder of the title and insert "adding a new section to chapter
3 18.22 RCW; adding a new section to chapter 18.32 RCW; adding a new
4 section to chapter 18.57 RCW; adding a new section to chapter 18.57A
5 RCW; adding a new section to chapter 18.71 RCW; adding a new section to
6 chapter 18.71A RCW; adding a new section to chapter 18.79 RCW; and
7 creating a new section."

EFFECT: All references are eliminated stating that patients will not be charged when pain specialists must be consulted.

Rules regarding consultation with a practitioner specializing in pain management must, to the extent practicable, take into account:

Repeated consultations would not be necessary or appropriate for a patient undergoing a stable, ongoing course of treatment for pain management;

Minimum training and experience that is sufficient to exempt a practitioner (physician, physician assistant, ARNP, podiatrist, dentist, osteopath, or osteopathic assistant) from the specialty consultation requirement;

Methods for enhancing the availability of consultations;

Allowing the efficient use of resources; and

Minimizing the burden on practitioners and patients.

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